

department for

education and skills



*National Service Framework for Children,
Young People and Maternity Services*

Maternity Services

Change for Children - Every Child Matters

Policy	Estates
HR/Workforce	Performance
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Planning	Finance
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Contact details	Claire Phillips, Children's NSF Team, 526 Wellington House 133-155 Waterloo Road, London SE1 8UG. Telephone: 0207 9724908. www.dh.gov.uk
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Introduction

The National Service Framework (NSF) for Children and Maternity Services was published alongside supporting material, which includes a series of exemplar patient journeys. Whilst it is not the role of the NSF or the exemplars to provide detailed clinical discussion on individual conditions, exemplars illustrate some of the key themes in the NSF.

Several factors influenced the selection of exemplar conditions, for example; large numbers of children and families affected, significant cause of illness and distress, wide variability in standards of practice or service provision, and suitability for highlighting the NSF themes. Such themes include the importance of responding to the views of pregnant women, children and families, involving them in key decisions, providing early identification, diagnosis and intervention, delivering flexible, child- or woman-centred, holistic care, which is integrated between agencies and over time and is sensitive to the individual's changing needs. It is also acknowledged that not every child with the same condition (or pregnant woman) will follow the same journey or have the same issues as the one which has been illustrated.

The primary audience for the exemplars is professionals from a broad range of backgrounds including education, NHS, social services and the voluntary sector (although they could also be of interest to parents and older children). The exemplars may be useful in a number of ways. For example, to -

- > Highlight further references, which relate to evidence in the NSF and elsewhere, including key clinical guidelines.
- > Stimulate local debate and assist multi-agency partners to re-evaluate the way they collaborate on, commission and deliver children's and maternity services, to benefit pregnant women, children and their families.
- > Provide an aid to examining and improving local clinical & non-clinical governance.
- > Provide a multi-disciplinary training tool for staff working with pregnant women, children and young people to raise awareness of specific issues and stimulate discussion.
- > Canvass the views of pregnant women, children and families on specific issues (eg via focus groups) and provide a non-threatening mechanism to open discussion, such as good and 'not so good' aspects of the current service.
- > Provide a starting point or template for debate (prior to the development of new local strategies) on managing complex childhood conditions and providing co-ordinated maternity care.

		Journey	Children's NSF Theme	Evidence/Links
Background	√ √	<ul style="list-style-type: none"> > Linda is a 26 year old African Caribbean woman, who lives with her boyfriend, also 26, and their 2 year old daughter. They live in a one bedroom local authority flat. > Linda thinks she may be pregnant again and so visits the local pharmacy to buy a pregnancy testing kit, which confirms that she is pregnant. > As this is Linda's second pregnancy, she knows that she can go direct to the midwife to receive her antenatal care. > Linda has recently moved into the area, so she asks the community pharmacist where the local midwife is located. The community pharmacist looks at his list of local services, provided by the primary care trust (PCT), and gives Linda the information she requests. She finds out that the nearest midwife is based at the local children's centre. 	<p>Standard 11</p> <p>– midwife to be first point of contact.</p>	
Booking-in clinic with midwife 9 weeks gestation	√ √	<ul style="list-style-type: none"> > Linda goes along to the children's centre and books an appointment to see one of the midwives at the antenatal clinic. > At the clinic, Linda confirms that although her pregnancy is unplanned, she wishes to keep her baby and that her boyfriend supports her in this decision. As Linda has done a home pregnancy test, she has discussed this with her boyfriend already. > Following a confirmatory pregnancy test and Linda's reported dates of her last menstrual period, her midwife estimates she is about 9 weeks pregnant. > The midwife tells Linda that she and the midwifery team will be able to provide care and advice throughout her pregnancy, birth and postnatal periods, which will be carried out in accordance with national guidelines and Linda's wishes. > The midwife asks Linda about her present and past medical history including her mental health history. > She also discusses antenatal care and advice with Linda, including providing information and support on lifestyle issues, measurement of blood pressure, height and weight and urine testing. The midwife also asks Linda if she had been taking folic acid. This is done in the context of discussion with, and agreement from Linda. 	<p>Standard 11</p> <p>– promoting normality and choice in maternity care, Woman-focused care.</p>	<p>The NHS Care Record ensures that the central details of care and treatment are held in a single, easily accessible, electronic record. This provides benefits to Linda and her care professionals throughout her pregnancy, wherever they are based.</p> <p>http://www.npfit.nhs.uk/programmes/nhscrs/</p> <p>Antenatal care – routine care for the healthy pregnant woman – <i>National Institute for Clinical Excellence</i>, 2003.</p> <p>Draft National Workforce Competence Framework for Maternity and Care of the Newborn (under development)</p>

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	Journey	Children's NSF Theme	Evidence/Links
Home visit by midwife 10 weeks gestation	<p>> The community midwife visits Linda at home.</p> <p>> Linda says, following discussion with her boyfriend, that she has decided to go ahead with all the screening tests, except sickle cell, and both ultrasound scans.</p> <p>> The midwife ensures that Linda has understood the information provided at the last appointment, so that she can give fully informed consent. The midwife also ensures that she understands that if the results of the screening indicate further specialist advice or care may be needed, she can be referred promptly to the local hospital. The midwife then takes a blood sample to send to the laboratory for analysis.</p> <p>> The midwife also agrees to arrange appointments for Linda's ultrasound scans.</p> <p>> Linda states that she has now decided, after discussion with her boyfriend, that delivery in a midwife-led unit, close to the hospital environment, is her preferred option. The unit is near her home and so is accessible and convenient.</p> <p>> By observation and sensitive questioning, the midwife assesses Linda's home situation and level of support from her boyfriend. She learns that he and Linda have a steady relationship.</p> <p>> The midwife also asks Linda if she has ever had any reason to be frightened of violence from someone she knows. Linda says that her boyfriend has never hurt her, but she does know someone whose boyfriend used to abuse her.</p> <p>> Linda's midwife explains that anyone can suffer domestic violence, irrespective of their background. She gives Linda details of the domestic violence helpline, in the event that she, her family or friends have future need for it. She reassures Linda that all pregnant women are provided with this information.</p> <p>> Her midwife also provides support to Linda and her boyfriend in applying for appropriate benefits and housing.</p>	<p>Standard 11 Adequate information to give properly informed consent to screening test</p> <p>Standard 11 – inclusive services; professionals to recognise the importance of partner's and family's support</p> <p>Standard 11 – maternity/domestic violence; midwives and other health professionals to provide;</p> <ul style="list-style-type: none"> - appropriate information and contact details to all women, in the event of future need. - supportive environment to enable women to disclose domestic violence and - staff are trained to respond appropriately when domestic violence is disclosed. 	<p><i>Children's National Workforce Competence Framework</i> Section 5 Protection of Children & Young People from Harm Section 15 Partnership</p> <p><i>Delivering the best – midwives contribution to the NHS Plan 2003, www.dh.gov.uk</i></p> <p><i>Domestic Violence: a resource manual for healthcare professionals. DH 2000</i></p> <p><i>'Free from Fear' domestic violence information card and helpline</i> Tel 0808.800.0340</p>

		Journey	Children's NSF Theme	Evidence/Links
First ultrasound scan	✓ ✓	<ul style="list-style-type: none"> > Linda has her first ultrasound scan at the hospital, which confirms the expected date of delivery. 		<p><i>Antenatal care - routine care for healthy pregnant women</i>, National Institute for Clinical Excellence, 2003</p> <p>Draft National Workforce Competence Framework for Maternity and Care of the Newborn (under development)</p>
Antenatal clinic with midwife 12 weeks gestation	✓ ✓	<ul style="list-style-type: none"> > Linda's boyfriend accompanies her to the next antenatal appointment at the children's centre. > Her midwife ensures that she includes him, as the baby's father, in the discussions which take place. > As several other midwives are present at the centre, Linda's midwife introduces Linda and her boyfriend to them. If they are familiar with other members of the team, this will help if they have contact later on. > The midwife carries out the appropriate antenatal checks, in accordance with the national guidelines and Linda's wishes. > A member of the specialist perinatal psychiatric team comes to see Linda and her boyfriend at the antenatal clinic, in response to the midwife's previous referral. Linda is reassured once she, her boyfriend and the psychiatrist have met. It is agreed that they will meet again later in pregnancy when an individual management plan will be drawn up for Linda to determine how to manage her risk of a recurrence of her postpartum mental illness will be discussed. > The midwife tells Linda and her boyfriend that she has arranged for them to join the NHS antenatal and parenting classes closest to their home, as requested. They are made aware that other organisations also run antenatal and parenting classes (eg National Childbirth Trust). > Linda tells her midwife that she has been contacted by the smoking cessation service and will be having her first session in a few days. Linda has been trying to persuade her boyfriend to stop smoking too and he promises to think about it. The midwife offers the opportunity for him to join Linda in her smoking cessation support. 	<p>Standard 11 Inclusion of young fathers</p> <p>Standard 11 Midwives based at children's centre to increase visibility and accessibility</p> <p>Standard 11 – section 7.7, Women to be provided with information in a manner appropriate to their needs, to enable properly informed consent to be given</p> <p>Standard 11 Access to smoking cessation support for pregnant women and fathers</p>	<p><i>Antenatal care - routine care for healthy pregnant women</i>, National Institute for Clinical Excellence, 2003</p> <p>National Screening Committee at www.nsc.nhs.uk and www.nelh.nhs.uk/screening</p> <p><i>National Childbirth Trust</i> Alexandra House, Oldham Terrace, Acton, London W3 6NH Tel 0870.770.3236 enquiries@national-childbirth-trust.co.uk</p> <p><i>Choosing Health – making healthier choices easier</i>, DH 2004</p>

	Journey	Children's NSF Theme	Evidence/Links
Antenatal clinic with midwife 16 weeks	<p>> Linda and her boyfriend attend the midwife's antenatal clinic.</p> <p>> Her midwife carries out the appropriate antenatal checks, in accordance with national guidelines and Linda's wishes.</p> <p>> She tells Linda that the results of her screening tests are all normal.</p> <p>> Linda tells her midwife about her progress with the smoking cessation support. Her boyfriend did not accompany her the first few times but said he will go along next time.</p> <p>> The midwife has concerns about Linda's diet and asks about her nausea and how her attempts to eat a more healthy diet are going. Linda says her nausea is subsiding but she still has difficulty trying to eat healthily. In the past she has not been interested in cooking but says that she would now like to learn some basic cooking skills. The midwife offers Linda the opportunity to join the local cookery club, which takes place at a local extended school. If she is interested in joining, the midwife will provide the contact details. Linda agrees to this.</p> <p>> Linda's midwife will continue to ensure that her antenatal needs and wishes are fully met and encourages her to participate fully in antenatal and parenting classes at the children's centre. The baby's father is welcomed and encouraged to attend.</p> <p>> The midwife ensures that Linda has information about the local mothers' group, which meets regularly at the children's centre and invites her to attend.</p> <p>> The midwife discusses other non-clinical issues and provides advice on maternity benefits. Linda is concerned about their home being overcrowded, once the baby is born and says that she has approached the local authority and requested re-housing in a bigger property.</p>	<p>Standard 11 – Maternity</p> <ul style="list-style-type: none"> - provision of information to pregnant women and fathers about care - ongoing health promotion support <p>Standard 11</p> <p>Both parents inclusion in antenatal and parenting classes.</p> <p>Standard 11</p> <p>Woman focused care.</p> <p>Standard 11 – section 5, Inclusive services, Adequate support needed from other agencies to promote wellbeing of mother and baby.</p>	<p><i>Antenatal care - routine care for healthy pregnant women</i>, National Institute for Clinical Excellence, 2003</p> <p>National Screening Committee – www.nelh.nhs.uk or www.nsc.nhs.uk/screening</p> <p>Draft National Workforce Competence Framework for Maternity and Care of the Newborn (under development)</p> <p><i>Choosing Health – making healthy choices easier</i>, DH 2004</p> <ul style="list-style-type: none"> - smoking cessation - healthy eating

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	Journey	Children's NSF Theme	Evidence/Links
Antenatal clinics with midwife continue according to national guidelines	<ul style="list-style-type: none"> > Linda continues to attend the midwife's antenatal clinic for routine checks, as recommended by NICE. The checks indicate that Linda's pregnancy is progressing normally. On one occasion, the midwife who usually sees Linda is away. Initially, Linda is upset by not having continuity with the same person. However, she has already met other members of the midwifery team and, once she realises that they have the same level of understanding and keep to the same pattern of care, she is happy with this arrangement. She can also see the benefit of having met others in the team, so that if she has unexpected problems or if she goes into labour when her midwife is away, she is more likely to be cared for by someone who she has already met. > At about 28 weeks gestation, Linda and her boyfriend meet again with the perinatal psychiatrist. She discusses her fears and feels reassured and supported by the psychiatrist who works with Linda to draw up her personal management plan. This involves frequent and regular visits to Linda for the first 6 weeks following childbirth and she is reassured that if she does become ill again, this time she will be admitted to a specialist mother and baby unit and not separated from her baby as she was previously. This plan is written into Linda's hand held records together with the names and contact numbers of the mental health professionals involved. > As the weeks progress, Linda expresses some fears about possible repetition of her previous mental illness. The midwife offers reassurance and also suggests that Linda contacts the specialist perinatal psychiatric team, who she met earlier on in her pregnancy. Linda calls her perinatal liaison contact who reassures her that her feelings are quite normal for this stage in pregnancy and that the plans, should she become ill after childbirth, are still in place. > The midwife discusses with Linda her options for pain relief in labour and stresses that epidural injections are not available at the midwifery-led unit. Linda says that she would like to use the birthing pool. > Linda and her boyfriend are offered a visit to the midwife-led unit, prior to her delivery, which they accept. The midwife provides dates when tours of the unit will take place for expectant mothers and partners. 	<p>Standard 11 – section 4.3 Integrated care Managed professional networks</p> <p>Standard 11 – section 5 Inclusive services Support from other agencies</p>	<p><i>Antenatal care - routine care for healthy pregnant women</i>, National Institute for Clinical Excellence, 2003</p> <p>Role-based access to Care Records ensures that only relevant members of the team can see information and provide continuous support:- http://www.npfit.nhs.uk/programmes/nhscrs/</p> <p>Draft National Workforce Competence Framework for Maternity and Care of the Newborn (under development)</p>

	Journey	Children's NSF Theme	Evidence/Links
Antenatal clinic with midwife 36 weeks gestation	<p>> Linda and her boyfriend attend together.</p> <p>> Linda's midwife continues to provide antenatal checks, in accordance with national guidelines and Linda's wishes.</p> <p>> Linda is enjoying the antenatal and parenting classes. Her boyfriend is finding the classes rather difficult, as he did not attend prior to Linda's previous baby. The midwives who take the classes are very approachable and provide a lot of written information, which he can catch up on, especially when he is at work and unable to attend.</p> <p>> To reassure Linda about future care, when the baby is born, the midwife introduces Linda to her health visitor, who also works at the children's centre. When the midwife's responsibility ceases following Linda's postnatal check, the health visitor will continue to support Linda in caring for her new baby.</p> <p>> When checking Linda, the midwife is uncertain as to whether the baby is in a breech position. She therefore refers Linda to the consultant obstetrician at the local hospital for further checks.</p> <p>> The obstetrician examines Linda and confirms that the baby is not in the breech position, and in accordance with Linda's wishes, she is referred back to the care of the midwife at the midwifery led unit.</p>	<p>Standard 11 – What women want – Kindness, support and respect</p>	<p><i>Antenatal care - routine care for healthy pregnant women</i>, National Institute for Clinical Excellence, 2003</p> <p>Draft National Workforce Competence Framework for Maternity and Care of the Newborn (under development)</p>
Labour & delivery 39 weeks gestation	<p>> At 39 weeks, Linda begins to feel 'niggling' contractions over a few days. When they become stronger, she phones the midwife to ask what to do. The midwife asks if she could come along to the midwife-led unit to be checked. Linda's boyfriend drives her to the unit and Linda makes sure that she takes her individual pregnancy record and overnight bag with her.</p> <p>> Following examination, her midwife tells Linda that she appears to be in labour and should stay.</p> <p>> Linda's midwife provides one-to-one care throughout her labour and delivery, ensuring that her wishes and choices (discussed and agreed earlier in her pregnancy) are respected. She also makes sure that both Linda and her boyfriend are treated with kindness and Linda's boyfriend is encouraged to support Linda and be involved in the process.</p>	<p>Standard 11 Promotion of normality</p>	<p><i>Antenatal care - routine care for healthy pregnant women</i>, National Institute for Clinical Excellence, 2003</p> <p>Draft National Workforce Competence Framework for Maternity and Care of the Newborn (under development)</p>

	Journey	Children's NSF Theme	Evidence/Links
Labour & delivery ✓ 39 weeks gestation (cont.)	<ul style="list-style-type: none"> > The midwife keeps Linda and her boyfriend informed about how the labour is progressing, with plenty of reassurance to provide them both with confidence. > Linda is accommodated in a pleasant room, which is comfortable, practical and as homely as possible. Nevertheless, she is pleased to have visited the unit earlier in her pregnancy. > Linda's labour is uneventful, she is able to walk around or use the birthing pool, as she wishes. After 7 hours, Linda gives birth to a baby boy, weighing 2.7 kg (6 lbs). She does not need stitches and shortly afterwards her baby is put to her breast. > Linda's midwife also carries out a quick examination of her baby straight after birth, to check for significant abnormalities. 	<p>Standard 11 Continuity of care Care networks</p> <p>Standard 3 Information sharing</p>	<p><i>Health for all children</i>, fourth edition, edited by David MB Hall & David Elliman</p>
Hospital ✓ postnatal Care	<ul style="list-style-type: none"> > Post-delivery, Linda and her baby are transferred to a small postnatal room, with one other mother and baby. It is decorated so as to create a pleasant and comfortable environment, including comfortable chairs for nursing. It also has ensuite toilet and bathing amenities for mothers. > It was previously agreed with Linda that she would like to stay in the midwife-led unit for about 2 days. > Linda also expressed a wish to breastfeed and so the midwives and maternity support workers help Linda to attach and position her baby correctly for breastfeeding. > However, in common with many other mothers, Linda does not find this easy. She did not breastfeed her first baby but has heard that breastfeeding is healthier for her baby, so she wants to give it a go. > After 2 days, Linda is finding it difficult to breastfeed without help. The midwives and maternity supporter workers advise and help her to position and attach the baby correctly; it takes practice. 	<p>Standard 11 Breastfeeding support</p>	<p>Care Record created for baby with own NHS number allocated at birth, so that health information can be stored and accessed. This will be updated throughout childhood. http://www.npfit.nhs.uk/programmes/nhscrs/</p> <p>Draft National Workforce Competence Framework for Maternity and Care of the Newborn (under development)</p>

		Journey	Children's NSF Theme	Evidence/Links
Hospital postnatal Care (cont.)	✓ ✓	<ul style="list-style-type: none"> > Linda is feeling a little low and is concerned that she may be developing post-natal mental illness again. The midwife phones the specialist perinatal psychiatric team, who come to see Linda in the midwifery unit. After consultation with Linda and her boyfriend, they are reassured that she is probably not developing a serious illness but is just reacting to having a new baby. However, the team continue visit daily until Linda has improved and she is reassured by their support. > Whilst Linda's baby is asleep, he is screened for a hearing abnormality. This only takes a few minutes and his results are clear. > Before discharge, a thorough physical examination of the baby is undertaken by the midwife, which includes screening for ocular, hip, heart and genitalia conditions. No abnormalities are found. > Fortunately, with support to establish breastfeeding, Linda is ready for discharge after a few extra days. > The midwife reassures Linda that she is continuing to provide relevant information and progress reports to her health visitor, in preparation for her taking over clinical responsibility for Linda and her baby. 	Standard 3 & 11 Information sharings	<p>National Screening Committee – www.nelh.nhs.uk or www.nsc.nhs.uk/screening</p> <p><i>Health for all children</i>, fourth edition, edited by David MB Hall & David Elliman</p>
Hospital discharge	✓	<ul style="list-style-type: none"> > The hospital provides a discharge letter for Linda's GP, about Linda and her baby. > Details of Linda's pregnancy, labour and childbirth are entered in her individual record. > Linda and her baby are transferred home with ongoing support in place from the midwife and the contact telephone numbers for the specialist perinatal psychiatric team if she or her boyfriend are worried. 	Standard 11 – section 9.9 Specialist perinatal psychiatric services	Draft National Workforce Competence Framework for Maternity and Care of the Newborn (under development)

		Journey	Children's NSF Theme	Evidence/Links
Community postnatal care	✓ ✓	<ul style="list-style-type: none">> Linda's usual midwife continues to pay home visits on a regular basis, according to her individual needs.> With the parents' permission, on day 7, a sample of the baby's blood is taken from his heel for newborn bloodspot screening. Linda will be told the results of this blood test before her 6-8 week postnatal check.> The specialist perinatal psychiatric team also keep in touch with Linda and her midwife on a regular basis, in accordance with Linda's plan, and until both Linda and they are happy that serious post-natal mental illness is no longer a risk.> Linda continues to breastfeed but needs to gain confidence in her own ability to feed her baby. As Linda has established a good relationship with her midwife, she asks her to continue visiting for a little longer. For the sake of continuity of support, the midwife agrees to have a chat with the health visitor about postponing transfer of Linda's care, until she feels more confident to do so.> The health visitor agrees and ensures that the midwife has given Linda contact information for the local voluntary organisations, which can provide long-term support with breastfeeding.> Linda's boyfriend continues to attend smoking cessation services. He has maintained his reduction in smoking and has agreed to continue his attempts to give up. Meanwhile, he will only smoke outside the house and away from the baby and their other child.	<p>Standard 11 Post-natal responsibilities of midwife</p> <p>Standard 11 Flexible services around women's needs</p> <p>Standard 11 Multi-agency support</p>	<p>National Screening Committee – www.nelh.nhs.uk or www.nsc.nhs.uk/screening</p> <p><i>Health for all children</i>, fourth edition, edited by David MB Hall & David Elliman</p> <p>Public Health Practice National Workforce Competence Framework</p>

		Journey	Children's NSF Theme	Evidence/Links
Midwife health visitor transition	√	<ul style="list-style-type: none"> > In Linda's area, the midwives and health visitors work closely together to ensure continuity of health service provision and support for mothers and babies following the early postnatal period. They also work in partnership with other health providers, statutory and voluntary agencies, (eg. Home-start) to provide support over a range of family issues linked to the wider determinants of health. > Linda is pleased to have already met her health visitor and midwife together before her baby was born. She is offered a joint home visit from her midwife and health visitor. Linda agrees, as this will help ensure continuity of support and provide her with a good opportunity to ask questions before handover of responsibility. 	Standard 11 – Maternity Standard, para 9.1, When the mother's and baby's post-natal needs have been met, responsibility for her care and support can be transferred to the health visitor.	<p><i>Example:</i> East Cambs & Fenland PCT with Seth Fenland Sure Start - project to ensure holistic, co-ordinated, preventative care from birth and through childhood. P. Miller 2004</p> <p>Home-start; locally managed, nationally supported charity for families with young children. Home visiting support, group work & social events. <i>Freephone national information Helpline 0800.68 63 68</i></p>
Health visitor	√	<ul style="list-style-type: none"> > After 6 weeks, when the postnatal check for Linda and her baby have been completed satisfactorily by the midwife, she formally hands responsibility for their care to the health visitor. By this time, the specialist perinatal psychiatric team are also satisfied that Linda has passed her 'at risk' postnatal period for puerperal psychosis. > At this point, the midwife also discusses with Linda and her boyfriend their future options for use of contraception. The midwife also discusses with Linda the fact that she will continue to have the risk of developing puerperal psychosis with any further pregnancies. > Linda and her boyfriend are able to discuss non-clinical issues with the health visitor. They talk about their overcrowded living arrangements and their health visitor offers to contact the local authority housing department on their behalf and provide her professional support for their application. Linda and her boyfriend accept this offer and hope that it will add weight to their application for re-housing in the foreseeable future. > The health visitor continues to provide support and advice for Linda and her boyfriend about their new baby and their older child, according to their changing needs, as they grow and mature. 	<p>Standard 1 Child health promotion programme</p> <p>Standard 2 Supporting parents</p> <p>Standard 11 Post-natal mental health needs.</p> <p>Standard 3 Child-centred care</p>	<p>NHS Care Record for mother and baby will continue to be available for their future care.</p> <p><i>Children's National Workforce Competence Framework, Section 15 – Partnership</i></p>



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